

RECEIVED
SECRETARY OF THE SENATE
PUBLIC GOODS

15 FEB -9 PM 1:21

FEC
FORM 3REPORT OF RECEIPTS
AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Brannon for U.S. Senate

ADDRESS (number and street)

530 New Waverly Place

Suite 301

Check if different
than previously
reported. (ACC)

Cary

NC

27518

2. FEC IDENTIFICATION NUMBER ▼

C C00544213

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

☒ AMENDED
(A)

NC

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M / D D / Y Y Y Y Y Y

Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

Y Y Y Y Y Y

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y Y Y

Y Y Y Y Y Y

Y Y Y Y Y Y

in the
State of

Y Y Y Y Y Y

5. Covering Period

M M / D D / Y Y Y Y Y Y
01 / 01 / 2013M M / D D / Y Y Y Y Y Y
01 / 01 / 2013M M / D D / Y Y Y Y Y Y
01 / 01 / 2013

through

M M / D D / Y Y Y Y Y Y
03 / 31 / 2013M M / D D / Y Y Y Y Y Y
03 / 31 / 2013M M / D D / Y Y Y Y Y Y
03 / 31 / 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer John Finocchiaro

Signature of Treasurer

John Finocchiaro

Date

M M / D D / Y Y Y Y Y Y
01 / 22 / 2015M M / D D / Y Y Y Y Y Y
01 / 22 / 2015M M / D D / Y Y Y Y Y Y
01 / 22 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
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(Revised 02/2003)